

Attorney Docket No. 09792909-0398

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Hirabayashi

Application No. 09/641,206

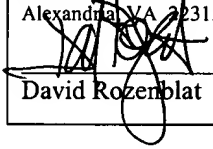
Filed: August 18, 2000

For: CIRCUIT DEVICE AND PRINTED
CIRCUIT BOARD

) Group Art Unit: 2817

) Examiner: Stephen E. Jones

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) Amendment, Commissioner for Patents, P.O. Box 1450,
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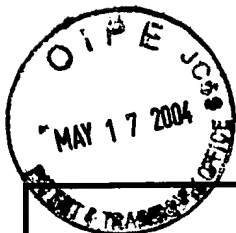
) 
) David Rozenblat

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL RESPONSE TO NOVEMBER 18, 2003 OFFICE ACTION

Dear Sir:

This Supplemental Amendment is submitted in response to the Office Action mailed November 18, 2003. Applicant respectfully requests amendment of the patent application, and reconsideration and allowance of the pending claims.



2817
JFW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/641,206	
	Filing Date	August 18, 2000	
	First Named Inventor	Hirabayashi	
	Group Art Unit	2817	
	Examiner Name	Stephen E. Jones	
Total Number of Pages in This Submission	3	Attorney Docket Number	9792909-0398

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith is Supplemental Response to November 18, 2003 Office Action.						
<input type="checkbox"/> The fee has been calculated as shown below:						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	5	-	20	0	<input type="checkbox"/> x \$9.00 <input type="checkbox"/> x 18.00	\$0
INDEPENDENT CLAIMS	1	-	3	0	<input type="checkbox"/> x 42.00 <input type="checkbox"/> x 84.00	\$0
	APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME	\$0
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0
<input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Response dated _____ by _____ month(s) for a fee of \$_____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321.						
<input type="checkbox"/> The amount of \$_____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check.						
<input type="checkbox"/> The amount of \$_____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check.						
<input type="checkbox"/> The enclosed credit card payment form to charge the amount of \$_____ covers the extension fee.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
14. <input checked="" type="checkbox"/> Customer No. 26263						
Dated: May 12, 2004				 David Rozenblat, (Registration No. 47,044)		

CERTIFICATE OF MAILING	
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Dated: May 12, 2004	 David Rozenblat